APPENDIX B*

Physical Examination Methodology

*Original forms were color coded; limited photocopy quality.

AIR FORCE HEALTH STUDY
Examiner's Handbook

1987

TABLE OF CONTENTS

A. GENERAL INSTRUCTIONS

The Air Force Health Study is a multiyear effort to determine whether or not Air Force personnel who were engaged in the aerial spraying of herbicides in Vietnam have developed significant adverse health effects from that exposure. Detailed surveys of the world's literature have been used in designing the questionnaires, physical examination protocol, and laboratory procedure.

This phase of the study involves a followup cross-sectional assessment of the subject's health at the time of examination. It is important that examiners remain unaware of the subject's status as a Ranch Hand participant or as a Comparison subject. The physician examiner is tasked to examine and objectively record his findings. The examining physician is not to, and cannot be expected to, arrive at any definitive diagnosis, since the full history and the laboratory results will not be available to him. Medical history, laboratory results, and physical examination findings will be evaluated by an independent diagnostician employed by the contractor. This diagnostician will formulate diagnoses and differential diagnoses, if appropriate. Additional procedures to treat or evaluate emergency or urgent medical conditions will be directed only by this physician. In addition, he will present a detailed analysis and debriefing to the study subject and provide a copy of the analysis to the subject's personal physician, if authorized by the participant.

The physicians performing examinations for the study should be aware that the report of examination will become a permanent record. This report will be referred to not only in the near future as the cross-sectional data are analyzed, but also at the time of future followup phases of the project. These examinations will define the health status of the subjects at a point in time and will establish the presence or absence of abnormal physical findings. After statistical review of the study groups, these findings may permit definition of a chronic effect due to exposure. An inaccurate examination may lead to fallacious study results in two ways: a presumed syndrome may be defined that does not in fact exist, or a syndrome that in fact exists may not be defined with enough validity to warrant further actions.

The examining physician is responsible for recording a complete and detailed report of the physical examination. In this role, the examining physician is tasked with collecting evidence of the presence or absence of physical signs of abnormality only. All items on the physical examination report form must be completed. It is imperative that the physician make such additional remarks as may be required to describe existing physical and mental impairments adequately. Since clinical endpoints have not been well defined following chronic exposure to Herbicide Orange, the examining physician and the diagnostician must not definitively ascribe abnormalities to herbicide exposure during the course of the examination or during the patient's debriefing. If, during the examination, the physician discovers evidence of acute serious illness requiring immediate treatment, the normal emergency or urgent care procedure of the medical facility would apply. If, during the examination, there is evidence of illness requiring nonemergency medical attention, the diagnostician should inform the subject and offer to forward, or have forwarded, pertinent information to the subject's physician. A clear record of any such advice and treatment should be recorded. The ultimate

value of the study will lie in the collection of complete, accurate, and, whenever possible, quantitative data permitting the most stringent and powerful statistical analysis. For this reason, the physical examination protocol requires exact measurements in many instances and the use of defined meanings of semiquantitative indicators in other places.

B. CONDUCT OF THE EXAMINATION

1. Overview

Upon arrival at the examining facility, the subject should be briefed by the onsite monitor and a representative of the contractor on the appointments that have been arranged, their times, and locations.

The examination will be conducted in a manner identical to the process used in the 1985 examination, with the exception of the changes listed below and detailed in the subsequent sections of this handbook and in the revised Statement of Work.

a. Deletions:

a) Psychological Testing Battery (MMPI, Cornell Index, and Halstead-Reitan Battery)

b) Doppler examination of peripheral pulses

c) 12-hour urine collection

d) Porphyrin profile by HPLC

e) Paired serum cortisol determinations

f) Screening for antigens and antibodies to hepatitis B

g) Mitogen stimulation of lymphocytes with pokeweed

h) Stimulation of mixed lymphocyte cultures with frozen pool cells as controls

i) Immunoglobulin electrophoresis (IgG, IgA, IgM)

b. Additions:

a) Visual acuity screening and intraocular pressure measurement

b) Screening audiometry

c) Pulmonary function studies (FEV_1, FVC, FVC/FEV_1 ratio)

d) Hemoccult screening of three specimens with proctoscopic followup of positive subjects

e) New psychological battery (Symptom Checklist R-90, Millon Multiaxial Inventory, sleep disorder)

f) Blood pressure determination using automated equipment

g) D-glucaric acid determination using urine collected in 1985 and supplied by the Air Force

h) Surface marker assay

i) Mixed lymphocyte culture studies using fresh pool cells only

j) Natural killer cell functional assay with and without Interleukin-2

k) Automated serum protein profile

l) Drawing of approximately 350 cc of blood from all volunteers to be processed for determining serum 2,3,7,8-TCDD at the Centers for Disease Control (CDC).

c. The mark-sense forms developed and used in the 1985 examination will be suitable for the 1987 examination with the following exceptions:

- o The Form AFHS-6, Halstead Neurophysiological Test Battery, will not be used.
- o The Form AFHS-8, Vietnam Combat Index, will only be given to those subjects who did not participate in the 1985 examination.
- o The Physical Features portion of the Form AFHS-4, Dermatologic Examination and Biopsy, will only be completed for those subjects who did not participate in the 1985 examination.

2. Psychological Battery

a. General:

This battery yields objective numerical data. The individual tests were chosen to insure an adequate analysis of one of the major alleged manifestations of herbicide toxicity. Each test either validates one of the other tests, or is considered to be a "definitive" test for analysis of a suspected psycho/neuropathic effect.

b. Specific Tests:

(1) Symptom Check List R-90

(2) Millon Multiaxial Clinical Inventory

(3) Sleep Disturbance Instrument (Contractor Developed).

c. Examination Results: Forward all test materials as scored with annotations, interpretations, and impressions to the diagnostician for inclusion in the subject's examination file.

d. The psychologist in charge will conduct a one-to-one test debriefing with each subject to estimate the test-by-test and overall accuracy and validity of the test results and to discuss the results of the tests with the participant. A form for this purpose should be developed and filled out completely before forwarding, with the subject's raw data, to the diagnostician. If applicable, input from the testing technician is encouraged.

3. Electrocardiogram

a. A standard 12-lead scalar electrogram is required. If an arrhythmia is observed, a 1-minute rhythm strip is requested, in addition. This electrocardiogram will be accomplished after a minimum 4-hour abstinence from smoking, food, and liquid intake.

b. Mounting: Mount the tracing in the usual manner of the laboratory for the recorder used.

c. Disposition: Forward the mounted tracing and rhythm strip, if obtained, to the diagnostician.

d. Interpretation: The electrocardiograms will be interpreted by cardiologists at the examination center.

4. Visual Acuity Screening and Intraocular Pressure

Screening for near and distant visual acuity will be conducted using equipment and procedures selected by the contractor and approved by the Air Force. Intraocular pressure to screen for the presence of glaucoma will be conducted using tonometry equipment, which does not come in contact with the cornea, selected by the contractor and approved by the Air Force.

5. Pulmonary Function Testing

Standard evaluation of pulmonary function will be conducted on each participant following at least 4 hours abstention from the use of tobacco products and will include as a minimum forced expiratory volume at 1 second, total vital capacity, and the ratio of the two measurements.

6. Screening Audiometry

Screening of hearing will be conducted using equipment and procedures selected by the contractor and approved by the Air Force.

7. Automated Blood Pressure Determination

An electronic device will be used to take all blood pressure measurements. The device to be used will be selected by the contractor and approved by the Air Force.

8. Stool Examination for Occult Blood

Three stool specimens from each participant will be tested for the presence of occult blood and a proctoscopic evaluation will be conducted on each individual found to be positive. If lesions are discovered, then upon obtaining patient permission, a biopsy of the lesions shall be performed.

9. Radiographic Examination

a. Examination: A standard 14x17 in., standing, roentgenogram in the PA position.

b. Interpretation: A board-certified radiologist at the examination center will interpret the roentgenogram, record the results, and forward them to the diagnostician.

10. Laboratory Procedures

a. General Instructions; First Day:

(1) The patient should report in the morning in a fasting state having had water only after midnight.

b. General Instructions; Second Day:

(1) Serum hormone levels should be determined from specimens collected on the morning of the second day. Hormonal levels appear to oscillate rapidly in a random fashion. Distributions drift with time, suggesting diurnal variations, and some are affected by nonfasting state. Therefore, patients should be fasting prior to drawing blood for hormone analysis. Serum for dioxin determination will be drawn on all participants who consent to this procedure. Sufficient blood will be drawn to bring the total volume taken over the 2 days to 450 cc.

c. Specific Tests to be Performed:

(1) Hematocrit

(2) Hemoglobin

(3) Erythrocyte Sedimentation Rate

(4) RBC Indices

(5) White Blood Cell Count

(6) Platelet Count

(7) Urinalysis

(8) Blood Urea Nitrogen

(9) Fasting Plasma Glucose

(10) 2-Hour Postprandial Plasma Glucose

(11) NOT USED

(12) Automated Serum Protein Profile

(13) Cholesterol and HDL Cholesterol

(14) Triglycerides

(15) Bilirubin (Total and Direct)

(16) Aspartate Aminotransferase (AST) (formerly SGOT)

(17) Alanine Aminotransferase (ALT) (formerly SGPT)

(18) Gamma Glutamyltranferase (GGT)

(19) Alkaline Phosphatase

(20) LDH

(21) D-Glucaric Acid Assay

(22) CPK

(23) RPR; if positive, send serum to USAFSAM/EKLM, Brooks AFB

(24) LH

(25) Protein Electrophoresis

(26) Testosterone

(27) Thyroid Profile (T_3 Uptake, T_4, TSH)

(28) Prothrombin Time

(29) Skin testing of immunological response using recall antigens for candida, mumps, tricophyton, and staph-phage-lysate. The contractor shall draw all blood for immunologic testing prior to skin testing. Individuals selected for immunologic blood drawing on day 2 of the exam shall be exempted from the skin test requirements.

(30) NOT USED

(31) NOT USED

(32) FSH

(33) Serum drawn for dioxin determination (analyses to be performed by the CDC)

d. The following immunological assays will be performed on blood from 40 percent of the participants randomly selected using selection procedures identical to those used for the 1985 immunological evaluation:

(1) Total T cells

(2) Helper T cells

(3) Suppressor T cells

(4) Monocytes

(5) B cells

(6) HLA-DR cells

(7) Activated T cells

(8) Functional assays using Phytohemagglutinin, mixed leukocyte culture, and natural killer cells will be performed.

PARTICIPANT LABEL	CASE NUMBER	GROUP NUMBER
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	EXAMINER I.D. NO.
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

FORM AFHS-1 FAMILY AND PERSONAL HISTORY

YEAR 5 FOLLOW UP

FAMILY HISTORY

DARKEN NONE OR EACH KNOWN OCCURRENCE OF:	NONE	SELF	RELATIVES: GRANDPARENTS MATERNAL	GRANDPARENTS PATERNAL	PARENTS MOTHER	PARENTS FATHER	SIBLINGS SISTERS	SIBLINGS BROTHERS	CURRENT FAMILY WIFE	CHILDREN GIRLS	CHILDREN BOYS
1. ADOPTED											
2. DIABETES											
3. EPILEPSY											
4. STROKE											
5. HIGH BLOOD PRESSURE											
6. HARDENING OF ARTERIES											
7. HEART TROUBLE/ANGINA											
8. BLOOD DISEASE											
9. LEUKEMIA											
10. LUNG CANCER											
11. OTHER CANCER											
12. SMOKING HISTORY											
13. STOMACH TROUBLE											
14. NERVOUS TROUBLE											
15. SLEEPING TROUBLE											
16. ALCOHOLISM											
17. ALZHEIMER'S DISEASE											
18. PARKINSON'S DISEASE											
19. MENTAL DISTURBANCE(S)											
20. ARTHRITIS											
21. BIRTH DEFECTS											
22. ALLERGIES											
23. OTHER MEDICAL TROUBLES											

Y N COMMENTS?

SUMMARY OF GENERAL HEALTH QUALITY THROUGHOUT LIFE

RELATION	LIVE BIRTHS # GIRLS	LIVE BIRTHS # BOYS	LIFETIME HEALTH IS/WAS? EXCELLENT	GOOD	FAIR	POOR
MOTHER						
FATHER						
SELF						
SPOUSE 1						
SPOUSE 2						

Y N COMMENTS?

FAMILY MEMBERS (B = BROTHER, S = SISTER, C = CHILD)	SEX F	SEX M	AGE IN YEARS	ALIVE NOW?	IF DECEASED— CAUSE OF DEATH: HEART	CANCER	STROKE	ACCIDENT	SUICIDE	OTHER	?
MOTHER	●			Y							
FATHER		●		Y							
B S C	F	M		Y							
B S C	F	M		Y							
B S C	F	M		Y							
B S C	F	M		Y							
B S C	F	M		Y							
B S C	F	M		Y							

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SUMMARY OF TREATMENTS

MONTH/YEAR OF LAST EXAM

(Y) (N) WERE ANY NEW ABNORMALITIES FOUND AT YOUR LAST PHYSICAL EXAMINATION?
(Y) (N) ARE YOU CURRENTLY RECEIVING ANY MEDICATIONS OR TREATMENTS?
(Y) (N) HAVE YOU EVER TAKEN ANY MEDICATIONS OR TREATMENTS FOR LONGER THAN 1 MONTH?
(Y) (N) HAVE YOU EVER HAD A SERIOUS ILLNESS?
(Y) (N) HAVE YOU EVER HAD A SERIOUS INJURY?
(Y) (N) HAVE YOU EVER HAD A SURGICAL OPERATION?

(0) (1) (2) (3) (4) (5) (6) (7) (8) (9) or more **HOW MANY TIMES HAVE YOU BEEN HOSPITALIZED?**

YEAR	AGE	DESCRIPTION OF OPERATION/INJURY/ILLNESS	MEDICATION/TREATMENT

PERSONAL HISTORY

DARKEN THE (Y) BUBBLE IF YOU HAVE EVER EXPERIENCED ONE OF THE FOLLOWING CONDITIONS, OTHERWISE DARKEN (N).

YES NO
(Y) (N) CATARACTS
(Y) (N) TONSILITIS
(Y) (N) SINUSITIS
(Y) (N) GOITER
(Y) (N) HAY FEVER
(Y) (N) ASTHMA
(Y) (N) BRONCHITIS
(Y) (N) PLEURISY
(Y) (N) PNEUMONIA
(Y) (N) TUBERCULOSIS
(Y) (N) HEART TROUBLE
(Y) (N) STOMACH TROUBLE
(Y) (N) ULCERS
(Y) (N) GALLSTONES
(Y) (N) JAUNDICE
(Y) (N) LIVER TROUBLE
(Y) (N) SKIN TROUBLE
(Y) (N) ACNE
(Y) (N) EXCESS HAIR GROWTH
(Y) (N) OTHER SKIN TROUBLE

YES NO
(Y) (N) HEPATITIS
(Y) (N) WORMS
(Y) (N) COLITIS
(Y) (N) HEMORRHOIDS
(Y) (N) KIDNEY STONES
(Y) (N) KIDNEY TROUBLE
(Y) (N) BLADDER TROUBLE
(Y) (N) PROSTATE TROUBLE
(Y) (N) SYPHILIS
(Y) (N) GONORRHEA
(Y) (N) FAINTING
(Y) (N) FITS OR CONVULSIONS
(Y) (N) DEPRESSION
(Y) (N) NERVOUS BREAKDOWN
(Y) (N) PARALYSIS
(Y) (N) MUSCLE PAIN
(Y) (N) MUSCLE WEAKNESS
(Y) (N) NUMBNESS
(Y) (N) LOSS OF SENSATION
(Y) (N) LOSS OF SEX DRIVE

YES NO
(Y) (N) MINOR ARTHRITIS
(Y) (N) RHEUMATOID ARTHRITIS
(Y) (N) SEVERE ARTHRITIS
(Y) (N) SYSTEMIC LUPUS ERYTHEMATOSIS
(Y) (N) SCLERODERMA
(Y) (N) RHEUMATIC FEVER
(Y) (N) CANCER OR TUMOR
(Y) (N) VARICOSE VEINS
(Y) (N) PHLEBITIS
(Y) (N) HERNIA (RUPTURE)
(Y) (N) ANEMIA
(Y) (N) POLIO
(Y) (N) MUMPS
(Y) (N) MALARIA
(Y) (N) GOUT
(Y) (N) DIABETES
(Y) (N) MEASLES
(Y) (N) DYSENTERY

ANY REPEATING OCCURRENCES IN THE LAST YEAR?

YES NO
(Y) (N) PNEUMONIA
(Y) (N) KIDNEY INFECTIONS
(Y) (N) SKIN BOILS
(Y) (N) OTHER INFECTIONS

DESCRIBE OTHER SKIN TROUBLE OR INFECTIONS

(Y) (N) COMMENTS?

EXERCISE HISTORY

I WAS A MEMBER OF THE FOLLOWING ATHLETIC TEAMS DURING:

	NONE	SOFTBALL BASEBALL	SOCCER	FOOTBALL BASKETBALL	RUGBY	GYMNASTICS TRACK	SWIM	TENNIS	OTHER
ELEMENTARY SCHOOL (GRADES 0–6)	○	○	○	○ ○	○	○	○	○	○
JUNIOR HIGH SCHOOL (GRADES 7–9)	○	○	○	○ ○	○	○	○	○	○
HIGH SCHOOL (GRADES 10–12)	○	○	○	○ ○	○	○	○	○	○
AFTER HIGH SCHOOL	○	○	○	○ ○	○	○	○	○	○
CURRENTLY	○	○	○	○ ○	○	○	○	○	○

(Y) (N) COMMENTS?

MY MOST REGULAR FORM OF EXERCISE NOW IS TO:

○ JOG ○ SWIM ○ BICYCLE ○ HUNT/FISH ○ HIKE
○ ROW ○ WALK ○ LIFT WEIGHTS ○ TENNIS/ RACQUETBALL ○ MT. CLIMB
○ GOLF ○ AEROBICS ○ USE NAUTILUS EQUIPMENT ○ CALISTHENICS (PUSHUPS, ETC) ○ OTHER

PARTICIPANT IDENTIFICATION

FORM AFHS 1B FAMILY AND PERSONAL HISTORY CONTINUED

GENERAL HEALTH QUALITY OF FAMILY MEMBERS (CONTINUED)

CONTINUE TO MARK THE SEX, CURRENT AGE OR AGE AT DEATH AND CAUSE OF DEATH FOR THE 7TH OR MORE BROTHERS, SISTERS OR CHILDREN YOU HAVE AS FAMILY MEMBERS.

FAMILY MEMBERS B = BROTHER S = SISTER C = CHILD	SEX F M	AGE IN YEARS	ALIVE NOW?	IF DECEASED - WHAT WAS THE CAUSE OF DEATH? HEART	CANCER	STROKE	ACCIDENT	SUICIDE	OTHER	?
B S C	F M		Y	O	O	O	O	O	O	O
B S C	F M		Y	O	O	O	O	O	O	O
B S C	F M		Y	O	O	O	O	O	O	O
B S C	F M		Y	O	O	O	O	O	O	O
B S C	F M		Y	O	O	O	O	O	O	O
B S C	F M		Y	O	O	O	O	O	O	O
B S C	F M		Y	O	O	O	O	O	O	O
B S C	F M		Y	O	O	O	O	O	O	O
B S C	F M		Y	O	O	O	O	O	O	O
B S C	F M		Y	O	O	O	O	O	O	O

COMMENTS / CLARIFICATIONS :

I WAS THE _____ CHILD BORN OF _____ BROTHERS AND _____ SISTERS.

I HAVE SIRED _____ BOY CHILDREN AND _____ GIRL CHILDREN.

SUMMARY OF WORK + LEISURE HOURS

I AM / WAS ELIGIBLE FOR RETIREMENT ON : _____ (MONTH/YEAR) AT AGE _____ YEARS.

I WORK(ED) _____ REGULAR HOURS PER WEEK _____ DAYS PER WEEK.

I WORK(ED) _____ PAID OVERTIME HRS/WEEK _____ UNPAID OVERTIME HOURS/WEEK.

I RECIEVE(D) _____ VACATION DAYS/YEAR _____ PAID HOLIDAYS/YEAR.

I GENERALLY SLEEP _____ HOURS/WORKNIGHT _____ HOURS ON DAYS OFF (INCLUDE NAPS).

SUMMARY OF BODY WEIGHT CHANGES

MY CURRENT WEIGHT RANGE IS _____ LBS + OR - ____ LBS.

MY PREFERRED WEIGHT RANGE IS _____ LBS + OR - ____ LBS.

THE MOST I EVER WEIGHED WAS _____ LBS BETWEEN AGES _____ TO _____ YEARS.

THE MOST FIT I HAVE EVER BEEN WAS BETWEEN AGES _____ TO _____ YEARS.

I WEIGHED _____ LBS AND WAS _____ FT _____ INCHES TALL AT THE TIME.

THE MOST WEIGHT I EVER LOST WAS _____ LBS DUE TO :

O ILLNESS/INJURY O STRESS O DIETING O EXERCISE O DEPRESSION O OTHER

COMMENTS/CLARIFICATIONS :

SIDE 2 SUMMARY OF HABITS

	NEVER	< 12 TIMES/YEAR	1-4 TIMES/MONTH	2-3 TIMES/WEEK	DAILY	
I	O	O	O	O	O	USE NON-PRESCRIPTION STIMULANTS TO STAY ALERT (NO-DOZE, ETC)
I	O	O	O	O	O	USE NON-PRESCRIPTION SLEEP AIDS
I	O	O	O	O	O	USE ALCOHOL TO HELP ME SLEEP
I	O	O	O	O	O	TAKE TRYPTOPHAN TO HELP ME SLEEP
I	O	O	O	O	O	TAKE VITAMINS

I CURRENTLY CONSUME A WEEKLY AVERAGE OF:

____ TO ____ CANS OR BOTTLES REGULAR BEER ____ TO ____ CANS OR BOTTLES LIGHT BEER PER WEEK

____ TO ____ GLASSES OF WINE ____ TO ____ MIXED DRINKS ____ TO ____ OZ. UNMIXED LIQUOR PER WEEK

I CURRENTLY CONSUME OR SMOKE A DAILY AVERAGE OF:

____ TO ____ CIGARETTES ____ TO ____ CIGARS PER DAY

____ TO ____ BOWLS OF PIPE TOBACCO ____ TO ____ PINCHES OF CHEW A DAY

____ TO ____ CUPS CAFFEINATED COFFEE ____ TO ____ CUPS/GLASSES SUGAR COLA

____ TO ____ CANS/GLASSES DIET COLA

____ TO ____ CUPS DECAFFEINATED COFFEE ____ TO ____ CUPS DECAFFEINATED TEA

____ TO ____ CANS DECAFFEINATED COLA ____ TO ____ CANS DECAFFEINATED DIET COLA

____ TO ____ CUPS/GLASSES BOTTLED WATER PER DAY ____ TO ____ CUPS/GLASSES TAP WATER PER DAY

I LIKE O SUGAR O SACCHARIN O EQUAL; O CREAM O MILK O POWDERED CREAMER IN MY COFFEE

I LIKE O SUGAR O SACCHARIN O EQUAL; O CREAM O MILK O POWDERED CREAMER IN MY TEA

WHICH ONE OF THE FOLLOWING FOODS DO YOU CRAVE MOST? WHEN DOES YOUR HIGHEST ENERGY PERIOD OCCUR?

- O STEAK, SALTY FOODS
- O BREAD, SWEETS
- O DAIRY PRODUCTS

- O ENERGETIC ALL DAY
- O FOLLOWING MEALS (ESPECIALLY BREAKFAST + DINNER)
- O FIRST THING IN THE MORNING

YES	NO	
O	O	DO YOU HAVE ANY PHYSICAL OR NERVOUS COMPLAINTS OR CONCERNS?
O	O	DO YOU HAVE ANY ALLERGIES OR SEVERE REACTIONS TO: MEDICINES, FOODS, PLANTS, CHEMICALS, ETC?

COMMENTS:

FORM QA AUDIT DONE BY:
ID# INITIALS DATE

PARTICIPANT LABEL	CASE NUMBER	GROUP NUMBER
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	DIAGNOSTICIAN ID NO.
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

FORM AFHS-2A

REVIEW OF SYSTEMS

YEAR 5 FOLLOW UP

Please ANSWER ALL QUESTIONS. If in doubt, GUESS Yes or No.

If you are bothered by or concerned about the following conditions, darken the Ⓨ (YES) Bubble. Otherwise mark Ⓝ for NO.

The Doctor or Nurse will ask about the details later.

QUESTIONNAIRE

YES NO		ANY FURTHER COMMENTS NOTED? Ⓨ Ⓝ
Ⓨ Ⓝ	ANY FOODS THAT TEND TO DISAGREE (WHICH ONES?) →	
Ⓨ Ⓝ	FREQUENT ITCH OR RASH? (WHERE/WHEN?) →	
Ⓨ Ⓝ	SWELLING, LUMP, OR SORENESS ANYWHERE ON BODY? (WHERE?) →	
Ⓨ Ⓝ	NUMBNESS OR TINGLING? (WHERE?) →	
Ⓨ Ⓝ	TWITCHING MUSCLES? (WHERE?) →	

HOW MANY TIMES DO YOU WAKE FROM SLEEP TO URINATE → 0 1 2 3 4 5 6 7 8 9 OR MORE

YES NO		Q#	COMMENT
Ⓨ Ⓝ	1. SEVERE HEADACHES OR HEAD PAINS		
Ⓨ Ⓝ	2. ANY DISTURBANCE IN VISION		
Ⓨ Ⓝ	3. PAIN OR DISCOMFORT IN EYES		
Ⓨ Ⓝ	4. WEAR GLASSES (OR CONTACT LENSES?)		
Ⓨ Ⓝ	5. CONSTANT NOISE IN EARS		
Ⓨ Ⓝ	6. HARD OF HEARING		
Ⓨ Ⓝ	7. EAR ACHE WITH COLDS		
Ⓨ Ⓝ	8. EAR ACHE WITH PLANE FLIGHTS		
Ⓨ Ⓝ	9. CHRONIC RUNNING EARS		
Ⓨ Ⓝ	10. CHRONIC STUFFY OR RUNNY NOSE		
Ⓨ Ⓝ	11. NEED TO USE NOSE DROPS FREQUENTLY		
Ⓨ Ⓝ	12. BAD NOSE BLEEDS AT TIMES		
Ⓨ Ⓝ	13. FREQUENT SEVERE COLDS OR SORE THROAT		
Ⓨ Ⓝ	14. ANY KNOWN DENTAL PROBLEMS		
Ⓨ Ⓝ	15. SORENESS OR BLEEDING OF GUMS		
Ⓨ Ⓝ	16. MORE THAN A YEAR SINCE TEETH CHECKED		
Ⓨ Ⓝ	17. SORE MOUTH OR TONGUE		
Ⓨ Ⓝ	18. GOITER OR THYROID TROUBLE		
Ⓨ Ⓝ	19. THYROID TEST TOO HIGH		
Ⓨ Ⓝ	20. THYROID TEST TOO LOW		
Ⓨ Ⓝ	21. FEELING OF LUMP IN THE THROAT		
Ⓨ Ⓝ	22. NEED TO TAKE THYROID MEDICINE		
Ⓨ Ⓝ	23. HOARSENESS AT TIMES		
Ⓨ Ⓝ	24. RECENT OR CHRONIC COUGH		
Ⓨ Ⓝ	25. CHRONIC COUGHING UP OF SPUTUM		
Ⓨ Ⓝ	26. EVER COUGHING UP OF SPUTUM		
Ⓨ Ⓝ	27. ACHE ALL OVER		
Ⓨ Ⓝ	28. HAVING CHILLS OR FEVER		
Ⓨ Ⓝ	29. SEVERE SOAKING NIGHT SWEATS		
Ⓨ Ⓝ	30. LIVED WITH ANYONE HAVING TB		
		Q1 - 60 COMMENTS? →	

YES NO	
Ⓨ Ⓝ	31. WORRIED ABOUT YOUR HEART
Ⓨ Ⓝ	32. BLOOD PRESSURE TOO HIGH
Ⓨ Ⓝ	33. BLOOD PRESSURE TOO LOW
Ⓨ Ⓝ	34. PAINS IN HEART OR CHEST
Ⓨ Ⓝ	35. POUNDING OR SKIPPING OF HEART
Ⓨ Ⓝ	36. HEART STARTS RACING SUDDENLY
Ⓨ Ⓝ	37. SHORTNESS OF BREATH OR WHEEZING
Ⓨ Ⓝ	38. TROUBLE GETTING A DEEP BREATH
Ⓨ Ⓝ	39. SWELLING ANKLES
Ⓨ Ⓝ	40. LEG CRAMPS IN BED OR SITTING STILL
Ⓨ Ⓝ	41. LEG CRAMPS WHILE WALKING
Ⓨ Ⓝ	42. PAIN OR TROUBLE WITH SWALLOWING
Ⓨ Ⓝ	43. POOR APPETITE RECENTLY
Ⓨ Ⓝ	44. POOR APPETITE ALWAYS
Ⓨ Ⓝ	45. NAUSEA OR VOMITING
Ⓨ Ⓝ	46. VOMITING OF BLOOD
Ⓨ Ⓝ	47. BELCHING, BLOATING OR INDIGESTION
Ⓨ Ⓝ	48. YELLOW SKIN OR EYES (JAUNDICE)
Ⓨ Ⓝ	49. BURNING OR HUNGER PAINS IN STOMACH
Ⓨ Ⓝ	50. USE ANTACIDS FOR STOMACH BURNING
Ⓨ Ⓝ	51. SORENESS OR PAIN IN STOMACH, ABDOMEN
Ⓨ Ⓝ	52. SUSPECT ULCERS OR STOMACH TROUBLE
Ⓨ Ⓝ	53. CRAMPS IN STOMACH OR LOW DOWN
Ⓨ Ⓝ	54. LOOSE BOWELS OR DIARRHEA
Ⓨ Ⓝ	55. BLACK OR TARRY STOOLS (BOWEL MOVEMENT)
Ⓨ Ⓝ	56. FRESH OR BRIGHT BLOOD WITH STOOLS
Ⓨ Ⓝ	57. MUCUS (SLIME OR PHLEGM) IN STOOLS
Ⓨ Ⓝ	58. CONSTIPATION
Ⓨ Ⓝ	59. USE LAXATIVES FREQUENTLY
Ⓨ Ⓝ	60. USE ENEMAS FREQUENTLY
Ⓨ Ⓝ	

PLEASE DO NOT MARK IN THIS SPACE

QUESTIONNAIRE (CONTINUED)

YES NO		Q#	COMMENT	YES NO	
(Y) (N)	61. RECENT CHANGE IN BOWEL HABITS			(Y) (N)	91. NAIL BITING
(Y) (N)	62. RECTAL TROUBLE OR PAIN			(Y) (N)	92. SLEEP WALKING
(Y) (N)	63. PAIN IN THE KIDNEY REGION			(Y) (N)	93. BED WETTING AFTER AGE 12
(Y) (N)	64. BLOOD OR PUS IN URINE			(Y) (N)	94. CHRONICALLY TIRED OR OVERWORKED
(Y) (N)	65. ALBUMIN IN URINE			(Y) (N)	95. IRREGULAR LIVING HABITS
(Y) (N)	66. SUGAR IN URINE			(Y) (N)	96. CAN'T GO TO SLEEP OR STAY ASLEEP
(Y) (N)	67. SPELLS OF FREQUENT URINATION			(Y) (N)	97. NEARLY ALWAYS IN POOR HEALTH
(Y) (N)	68. SEVERE BURNING OR PAIN ON URINATION			(Y) (N)	98. CONSIDERED TO BE A NERVOUS PERSON
(Y) (N)	69. PAINS OVER BLADDER OR LOW DOWN			(Y) (N)	99. FROM SICKLY OR NERVOUS FAMILY
(Y) (N)	70. TROUBLE STARTING URINE			(Y) (N)	100. TREMBLE AND SWEAT EASILY
(Y) (N)	71. URINARY STREAM HAS BECOME WEAK			(Y) (N)	101. HAVE TROUBLE MAKING UP YOUR MIND
(Y) (N)	72. HARD TO EMPTY BLADDER COMPLETELY			(Y) (N)	102. EASILY MIXED UP OR CONFUSED
(Y) (N)	73. LOSE CONTROL OF PASSING URINE			(Y) (N)	103. CLUMSY OR HAVE FREQUENT ACCIDENTS
(Y) (N)	74. PAINFUL OR SORE GENITALS (PRIVATES)			(Y) (N)	104. FEEL SAD, LONELY OR DEPRESSED
(Y) (N)	75. SWOLLEN OR PAINFUL JOINTS			(Y) (N)	105. CRY OFTEN
(Y) (N)	76. STIFFNESS OF MUSCLES OR JOINTS			(Y) (N)	106. WISH I WERE DEAD
(Y) (N)	77. SEVERE PAINS IN ARMS OR LEGS			(Y) (N)	107. WORRY CONTINUALLY
(Y) (N)	78. PAINFUL FEET			(Y) (N)	108. UPSET BY LITTLE THINGS
(Y) (N)	79. BACKACHE			(Y) (N)	109. A PERFECTIONIST
(Y) (N)	80. PAINS IN NECK			(Y) (N)	110. SENSITIVE OR FEELINGS EASILY HURT
(Y) (N)	81. EASY TO SUNBURN			(Y) (N)	111. OFTEN MISUNDERSTOOD
(Y) (N)	82. SUBJECT TO ACNE			(Y) (N)	112. OFTEN ACT ON SUDDEN IMPULSE
(Y) (N)	83. SUBJECT TO BOILS OR INFECTION			(Y) (N)	113. EASILY ANGERED OR HAVE VIOLENT RA
(Y) (N)	84. SUBJECT TO ATHLETE'S FOOT, SKIN FUNGUS			(Y) (N)	114. FREQUENTLY KEYED UP AND JITTERY
(Y) (N)	85. SUBJECT TO HIVES OR SKIN REACTIONS			(Y) (N)	115. EASILY SCARED BY SUDDEN NOISE
(Y) (N)	86. EASY BLEEDING OR BRUISING			(Y) (N)	116. HAVE BAD DREAMS OR THOUGHTS
(Y) (N)	87. MOLE OR SORE WHICH IS NOT HEALING			(Y) (N)	117. SUSPECT A SERIOUS DISEASE OR CANCER
(Y) (N)	88. SEVERE DIZZINESS			(Y) (N)	118. HAVING TROUBLE GETTING ALONG WITH SOMEONE AT HOME OR AT WORK
(Y) (N)	89. GENERALIZED WEAKNESS				
(Y) (N)	90. MUSCLE WEAKNESS				

Q61 - 118 COMMENTS? ⟶ (Y) (N)

EXPOSURE HISTORY

HAVE YOU EVER BEEN EXPOSED TO ANY OF THE FOLLOWING SUBSTANCES OR TYPES OF RADIATION? EXPOSURE IS DEFINED AS SKIN OR RESPIRATORY CONTACT OF MORE THAN ONE DAY'S DURATION. FOR EACH "YES" RESPONSE, PLEASE COMPLETE ONE OF THE THREE BLOCKS ON FORM AFHS-2B.

(Y) (N) COMMENT

YES NO		REVIEWER'S COMMENTS:	YES NO	
(Y) (N)	COAL TAR		(Y) (N)	CHLOROMETHYL ETHER
(Y) (N)	CREOSOTE		(Y) (N)	ARSENIC
(Y) (N)	ANTHRACENE		(Y) (N)	CHROMATES
(Y) (N)	BENZENE		(Y) (N)	ASBESTOS
(Y) (N)	BENZIDINE		(Y) (N)	CUTTING OILS
(Y) (N)	NAPHTHYLAMINE		(Y) (N)	TRICHLOROETHYLENE
(Y) (N)	AMINODIPHENYL		(Y) (N)	ULTRAVIOLET LIGHT (OTHER THAN SUN)
(Y) (N)	MUSTARD GAS		(Y) (N)	X-RAYS (OTHER THAN ROUTINE)
(Y) (N)	VINYL CHLORIDE		(Y) (N)	IONIZING RADIATION (OTHER THAN X-RAYS)

FORM QA AUDIT BY: ID (1) (2) (3) (4) (5) (6)

DATE:

INITIALS

FURTHER COMMENTS PROVIDED ON CONTINUATION SHEET AFHS-2B? ⟶ (Y) (N)

CASE NUMBER	NAME OF PARTICIPANT	LAST	FIRST	MI
					C						
PAGE ☐ OF ☐	FORM AFHS-2B	EXPOSURE HISTORY DETAILS		

FOR EACH "YES" EXPOSURE AT THE END OF FORM AFHS-2A, PLEASE FILL OUT ONE OF THE FOLLOWING BLOCKS. USE ADDITIONAL SHEETS IF NECESSARY.

TYPE OF EXPOSURE (COAL TAR, ETC.)					WAS EXPOSURE RECEIVED ON THE JOB?	YES	NO
IF ON-THE-JOB EXPOSURE, JOB TITLE							
IF NOT ON-THE-JOB EXPOSURE, HOW EXPOSURE RECEIVED							
CHECK FREQUENCY OF EXPOSURE THAT BEST FITS YOUR EXPERIENCE	DAILY	WEEKLY	MONTHLY	YEARLY	IN WHAT YEAR(S) WERE YOU EXPOSED?		

TYPE OF EXPOSURE (COAL TAR, ETC.)					WAS EXPOSURE RECEIVED ON THE JOB?	YES	NO
IF ON-THE-JOB EXPOSURE, JOB TITLE							
IF NOT ON-THE-JOB EXPOSURE, HOW EXPOSURE RECEIVED							
CHECK FREQUENCY OF EXPOSURE THAT BEST FITS YOUR EXPERIENCE	DAILY	WEEKLY	MONTHLY	YEARLY	IN WHAT YEAR(S) WERE YOU EXPOSED?		

TYPE OF EXPOSURE (COAL TAR, ETC.)					WAS EXPOSURE RECEIVED ON THE JOB?	YES	NO
IF ON-THE-JOB EXPOSURE, JOB TITLE							
IF NOT ON-THE-JOB EXPOSURE, HOW EXPOSURE RECEIVED							
CHECK FREQUENCY OF EXPOSURE THAT BEST FITS YOUR EXPERIENCE	DAILY	WEEKLY	MONTHLY	YEARLY	IN WHAT YEAR(S) WERE YOU EXPOSED?		

TYPE OF EXPOSURE (COAL TAR, ETC.)					WAS EXPOSURE RECEIVED ON THE JOB?	YES	NO
IF ON-THE-JOB EXPOSURE, JOB TITLE							
IF NOT ON-THE-JOB EXPOSURE, HOW EXPOSURE RECEIVED							
CHECK FREQUENCY OF EXPOSURE THAT BEST FITS YOUR EXPERIENCE	DAILY	WEEKLY	MONTHLY	YEARLY	IN WHAT YEAR(S) WERE YOU EXPOSED?		

PARTICIPANT LABEL	CASE NUMBER	GROUP NUMBER	
		EXAMINER I.D.	

FORM AFHS-3A PHYSICAL EXAMINATION (PART 1)

YEAR FOLLOW UP

GENERAL PHYSICAL APPEARANCE

APPEARANCE	APPEARANCE VS STATED AGE	APPEARANCE OF ILLNESS OR DISTRESS	HAIR DISTRIBUTION
○ WELL NOURISHED	○ SAME AS	○ NO	○ NORMAL
○ OBESE	○ OLDER THAN		
○ UNDER NOURISHED	○ YOUNGER THAN	○ YES	○ ABNORMAL

(Y) (N) COMMENTS?

NOTE: FILL IN VITAL SIGNS WITH MAXIMUM VALUES IF REFUSED.

VITAL SIGNS

HEIGHT CM	WEIGHT (UNDRESSED) KG	TEMPERATURE ORAL °F	SITTING BLOOD PRESSURE NONDOMINANT ARM, HEART LEVEL		PULSE RATE	PBS PER MINUTE
			SYSTOLIC	DIASTOLIC		

PULSE IS:
○ REGULAR
○ IRREGULAR
○ IRREGULARLY IRREGULAR

(Y) (N) COMMENTS?

EYES

SUMMARY

○ NORMAL
○ ABNORMAL
○ REFUSED

○ LEFT EYE ABSENT
○ RIGHT EYE ABSENT

FUNDOSCOPIC EXAM

YES	NO		YES	NO	
(Y)	(N)	↑ LIGHT REFLEX	(Y)	(N)	HEMORRHAGES
(Y)	(N)	A-V NICKING	(Y)	(N)	EXUDATES
(Y)	(N)	ARTERIOLAR SPASM	(Y)	(N)	DISK PALLOR
(Y)	(N)	PAPILLEDEMA	(Y)	(N)	↑ CUPPING

(B) (L) (R) FUNDI WERE VISUALIZED
(B = BOTH, L = LEFT ONLY, R = RIGHT ONLY)

EXTERNAL OBSERVATION

YES	NO	
(Y)	(N)	ARCUS SENILIS PRESENT
(Y)	(N)	ABNORMAL OCULAR PIGMENTATION

(Y) (N) COMMENTS?

CODES
(N) = NO OR NONE
(Y) = YES
(R) = REFUSED
(X) = COULD NOT EXAMINE
(L) = LEFT
(R) = RIGHT

PHYSICAL EXAMINATION
(FORM 3 PART 1 SIDE 2)

ENT/NECK

ENT AREA
- ○ NORMAL
- ○ ABNORMAL
- ○ REFUSED

	LEFT	RIGHT
TYMPANIC MEMBRANE NOT INTACT?	(N) (Y) (X)	(N) (Y) (X)
EAR IRRIGATED TO REMOVE WAX?	(N) (Y)	(N) (Y)
NASAL MUCOSA ULCERATED?	(N) (Y) (X)	(N) (Y) (X)

NECK AREA IS
- ○ NORMAL
- ○ ABNORMAL
- ○ REFUSED

PAROTID GLAND ENLARGED?	(N) (Y)
CAROTID BRUIT PRESENT?	(N) (Y)
CAROTID PULSE IS:	(N) (D) (A)

(N = NORMAL D = DIMINISHED A = ABSENT)

THYROID GLAND	PALPABLE	ENLARGED	NODULES	TENDER	OTHER
	(N) (Y)	(N) (Y)	(N) (Y)	(N) (Y)	(N) (Y)

(Y) (N) COMMENTS?

THORAX AND LUNGS

- ○ NORMAL
- ○ ABNORMAL
- ○ REFUSED

(Y) (N) COMMENTS?

(Y) (N) ASYMMETRICAL EXPANSION
(Y) (N) HYPERRESONANCE
(Y) (N) DULLNESS
(Y) (N) WHEEZES
(Y) (N) RALES
← (NOTE LOCATION)
(Y) (N) SUSPECTED COPD
← (DESCRIBE)

CIRCUMFERENCE (CM)

WAIST	CHEST AT NIPPLE LEVEL EXPIRATION	CHEST AT NIPPLE LEVEL INSPIRATION

HEART

HEART EXAM IS:
- ○ NORMAL
- ○ ABNORMAL
- ○ REFUSED

			S1	S2	S3	S4
ABNORMAL HEART SOUNDS?			(N) (Y)	(N) (Y)	(N) (Y)	(N) (Y)
DISPLACED APICAL IMPULSE?	(Y)	(N)				
PRECORDIAL THRUST?	(Y)	(N)				

MURMUR?
- ○ NO
- ○ YES. PROBABLY FUNCTIONAL
- ○ YES. SUSPECT ORGANIC
- ○ YES. ORGANIC

INDICATE CHEST AREA(S) TO WHICH MURMUR WAS PROJECTED MOST INTENSELY.

(MARK Ns IF NO MURMUR)

	SYSTOLIC	DIASTOLIC
AORTIC	(N) (Y)	(N) (Y)
PULMONIC	(N) (Y)	(N) (Y)
APEX	(N) (Y)	(N) (Y)
LLSB	(N) (Y)	(N) (Y)

(Y) (N) HEART COMMENTS?

FORM QA AUDIT DONE BY:

ID NUMBER: (1) (2) (3) (4) (5) (6)

INITIALS DATE

PARTICIPANT LABEL	CASE NUMBER	GROUP NUMBER
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	EXAMINER I.D.
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

FORM AFHS-3B PHYSICAL EXAMINATION (PART 2)

YEAR FOLLOW UP

ABDOMEN

(Y) (N) ABDOMEN ABNORMALITY COMMENTS?

	YES	NO	
	(Y)	(N)	HEPATOMEGALY
○ NORMAL	(Y)	(N)	LIVER TENDERNESS
○ ABNORMAL	(Y)	(N)	SPLENOMEGALY
○ REFUSED	(Y)	(N)	SPLEEN TENDERNESS
	(Y)	(N)	OTHER MASS? →

LIVER SPAN: 0 1 2 3 CM; 0 1 2 3 4 5 6 7 8 9

(Y) (N) MASS SIZE, UNITS, LOCATION, TYPE, COMMENT?

EXTREMITIES

	AMPUTATION(S)	PITTING EDEMA	NON-PITTING EDEMA	CLUBBED NAILS	VARICOSITIES	TOE HAIR LOSS
UPPER LIMBS	(N) (L) (R)	(N) (L) (R)	(N) (L) (R)	(N) (L) (R)	(N) (L) (R)	(N) (L) (R)
LOWER LIMBS	(N) (L) (R)	(N) (L) (R)	(N) (L) (R)	(N) (L) (R)	(N) (L) (R)	(N) (L) (R)

(N = NONE OR NORMAL FOR BOTH LIMBS, L = LEFT LIMB ONLY, R = RIGHT LIMB ONLY)

EXTREMITY EXAM WAS: ○ NORMAL ○ ABNORMAL ○ REFUSED

(Y) (N) DESCRIBE ABSENCES &/OR ABNORMALITIES

PERIPHERAL PULSES

(N) (L) (R) FEMORAL BRUIT(S) PRESENT?
(N = NONE, L = LEFT, R = RIGHT)

	RADIAL		FEMORAL		POPLITEAL		DORSALIS PEDIS		POSTERIOR TIBIAL	
	LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT
NORMAL	○	○	○	○	○	○	○	○	○	○
DIMINISHED	○	○	○	○	○	○	○	○	○	○
ABSENT	○	○	○	○	○	○	○	○	○	○
COULD NOT EXAMINE	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗

(Y) (N) PULSE COMMENTS?

MUSCULATURE

○ NORMAL
○ ABNORMAL
○ REFUSED

	NO	YES	CNE
STRAIGHT LEG RAISE ABNORMAL?	○	○	⊗
ANY WEAKNESS NOTED?	○	○	⊗
ANY TENDERNESS NOTED?	○	○	⊗
ANY ATROPHY NOTED?	○	○	⊗
ABNORMAL CONSISTENCY?	○	○	⊗
OTHER ABNORMALITY?	○	○	⊗

(Y) (N) COMMENTS?

SPINE

○ NORMAL
○ ABNORMAL
○ REFUSED

	NO	YES	CNE
ANY SCOLIOSIS NOTED?	○	○	⊗
ANY KYPHOSIS NOTED?	○	○	⊗
PELVIC TILT NOTED?	○	○	⊗
↓ RANGE OF MOTION?	○	○	⊗

SPINAL TENDERNESS
○ NONE NOTED
○ CERVICAL AREA
○ THORACIC AREA
○ LUMBAR AREA
○ SACRAL AREA

PHYSICAL EXAMINATION PART 1 & 2 SUMMARY

SUMMARY OF FINDINGS ENTIRE EXAM WAS:

- ○ ALL NORMAL
- ○ NORMAL WITH NOTED VARIATIONS
- ○ ABNORMAL AS SUMMARIZED
- ○ REFUSED ENTIRE EXAM

(Y) (N) COMMENTS?

SUMMARIZE FINDINGS IN THE SPACES BELOW

SUMMARY OF FOLLOW-UP INDICATED OR RECOMMENDED

(Y) (N) ANY OTHER TESTS INDICATED?
(Y) (N) ANY OTHER TESTS ORDERED?
(Y) (N) OTHER TESTS DESCRIBED?

GENITOURINARY EXAM (PE PART 2 CONTINUED)

GENITOURINARY EXAM
- ○ NORMAL
- ○ ABNORMAL
- ○ REFUSED

TESTES

	NORMAL	ENLARGED	NODULE	ATROPHIC	ABSENT	OTHER
LEFT	○	○	○	○	○	○
RIGHT	○	○	○	○	○	○

(Y) (N) COMMENTS?

YES	NO	REFUSED		YES	NO	REFUSED	
(Y)	(N)	(R)	RIGHT INGUINAL HERNIA?	(Y)	(N)	(R)	VARICOCELE
(Y)	(N)	(R)	LEFT INGUINAL HERNIA?	(Y)	(N)	(R)	EPIDIDYMAL ABNORMALITY
(Y)	(N)	(R)	SCROTAL MASS PRESENT?	(0) (1) (2) (3) (4) (5) (6) (7) (8) (+)			SCROTAL MASS SIZE (DIAMETER IN CM)

RECTAL EXAM

RECTAL EXAM
- ○ NORMAL
- ○ ABNORMAL
- ○ REFUSED

HEMORRHOIDS	NONE APPARENT	REFUSED	BLEEDING	THROMBOSED	OTHER
EXTERNAL	○	○	○	○	○
INTERNAL	○	○	○	○	○

YES	NO	REFUSED	
○	○	○	PROSTATIC ENLARGEMENT?
○	○	○	RECTAL MASS(ES)?

(Y) (N) RECTAL COMMENTS?

LYMPH NODES

- ○ NORMAL
- ○ ABNORMAL
- ○ REFUSED

	NORMAL	ENLARGED	TENDER	HARD	FIXED	CONFLUENT	OTHER
CERVICAL	○	○	○	○	○	○	○
OCCIPITAL	○	○	○	○	○	○	○
SUPRACLAVICULAR	○	○	○	○	○	○	○
AXILLARY	○	○	○	○	○	○	○
EPITROCHLEAR	○	○	○	○	○	○	○
INGUINAL	○	○	○	○	○	○	○
FEMORAL	○	○	○	○	○	○	○

FORM QA AUDIT BY: (1) (2) (3) (4) (5) (6) INITIALS: DATE:		PRINTED NAME OF EXAMINING PHYSICIAN	INITIALS / DATE	

PARTICIPANT LABEL	CASE NUMBER	GROUP NUMBER
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	EXAMINER I.D.
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

FORM AFHS-4 DERMATOLOGIC EXAMINATION AND BIOPSY

YEAR FOLLOW UP

FOR POSITIVE FINDINGS NOTE TYPE AND LOCATION ON ANATOMIC CHART AND DARKEN THE APPROPRIATE CIRCLE BELOW

SKIN

EXAM WAS: NORMAL ABNORMAL REFUSED ANATOMICAL CHART USED? Y N

YES	NO	TYPE		YES	NO	TYPE	
		1	COMEDONES			12	PALMAR KERATOSES
		2	ACNEIFORM LESIONS			13	ACTINIC KERATOSES
		3	ACNEIFORM SCARS			14	PETECHIAE
		4	DEPIGMENTATION			15	ECCHYMOSES
		5	INCLUSION CYSTS			16	CONJUNCTIVAL ABNORMALITY
		6	CUTIS RHOMBOIDALIS			17	ORAL MUCOSAL ABNORMALITY
		7	HYPERPIGMENTATION			18	FINGER NAIL ABNORMALITY
		8	JAUNDICE			19	TOE NAIL ABNORMALITY
		9	SPIDER ANGIOMATA			20	DERMATOGRAPHIA
		10	PALMAR ERYTHEMA			21	SUSPECTED BASAL CELL CARCINOMA
		11	SUSPECTED MELANOMA			22	SUSPECTED SQUAMOUS CELL CARCINOMA
						23	OTHER ABNORMALITY(IES)

SKIN BIOPSY

BIOPSY NOT INDICATED BIOPSY REFUSED YES CONSENT FORM OBTAINED

BIOPSY INDICATED BIOPSY PERFORMED # SAMPLES 0 1 2 3 4 5 6 7 8 9

SAMPLE # TYPE AND LOCATION CODE(S)	Y N COMMENT(S)/SUSPECTED DIAGNOSIS

PHYSICAL FEATURES

Y N X WEARING COLORED OR TINTED CONTACTS?

EYE COLOR

LEFT RIGHT

BROWN
HAZEL
GREEN
GREY
BLUE
ABSENT

HAIR COLOR

SOLID COLOR ⟶ GREYS

BLACKS 1 34 44 51
BROWNS 5 11 36 38 39 48 54
BLONDS 14 103 101
REDS 33 29
BALD 0 X NOT NEEDED

Y N IS HAIR DYED OR ALTERED?

SKIN COLOR

NN
X 1 2 3 4 5 6 7 8 9 10 11 12

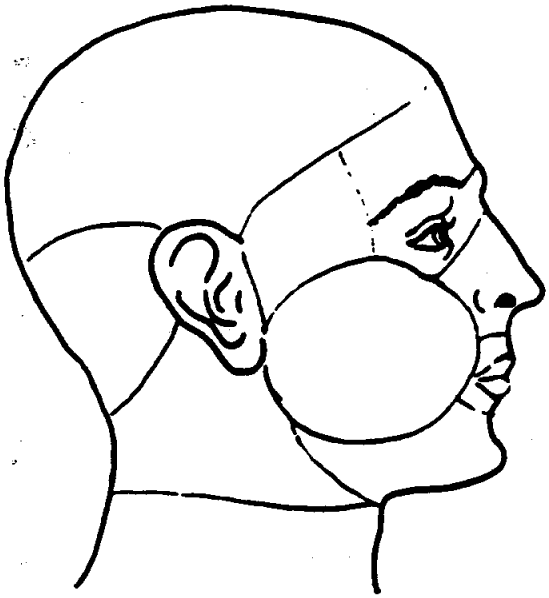
Y N COMMENTS?

PRINTED NAME OF EXAMINING PHYSICIAN	INITIALS / DATE	FORM QA AUDIT DONE BY: I.D. NUMBER 1 2 3 4 5 6 7 8 9	INITIALS	DATE

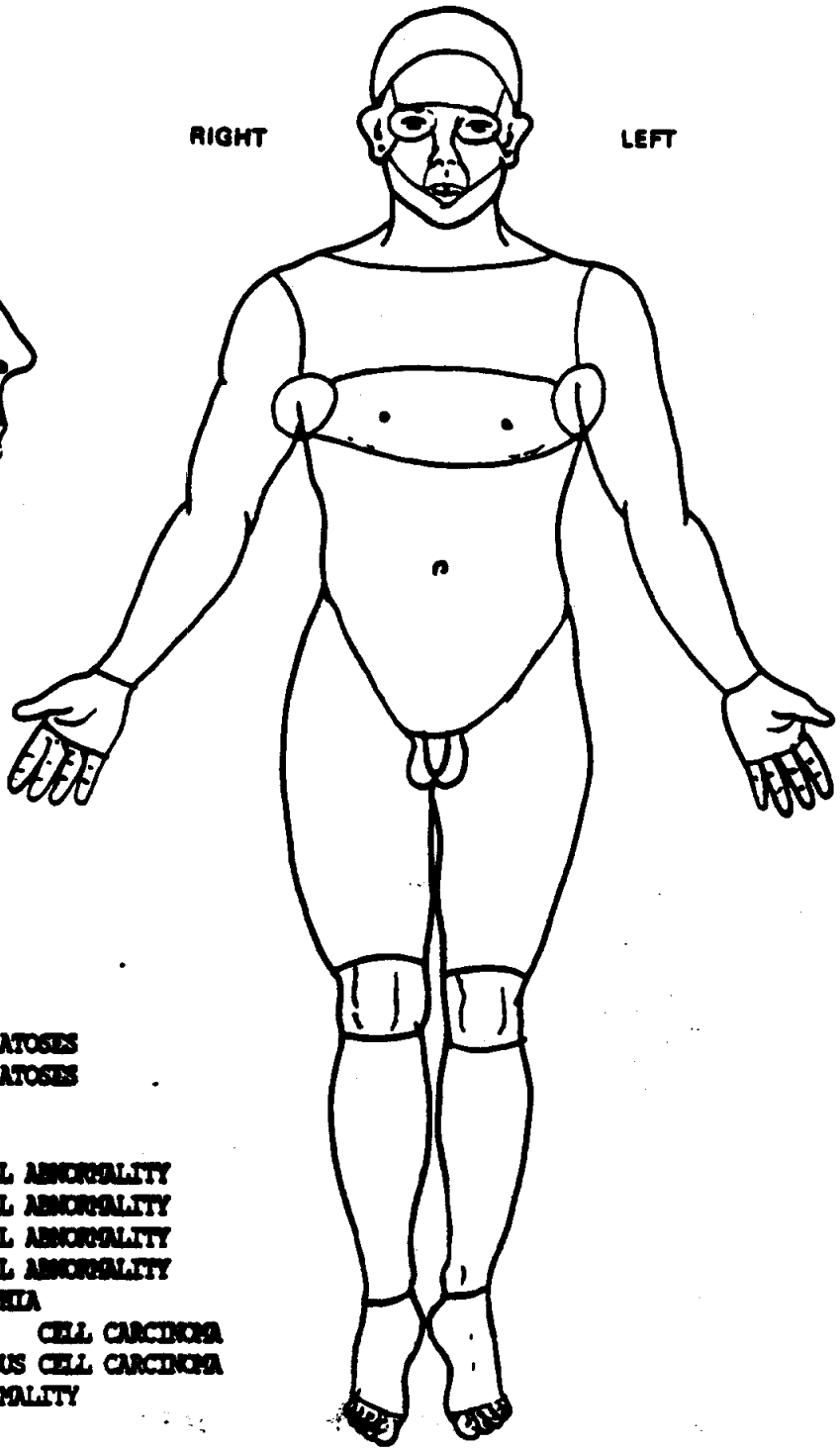
NCS Trans-Optic EP01-24870:321

CASE NUMBER	LAST	FIRST	MI	
C	NAME OF PARTICIPANT			
ATTACHMENT TO FORM AFHS-4	FORM AFHS-9	ANATOMICAL CHART		

RIGHT



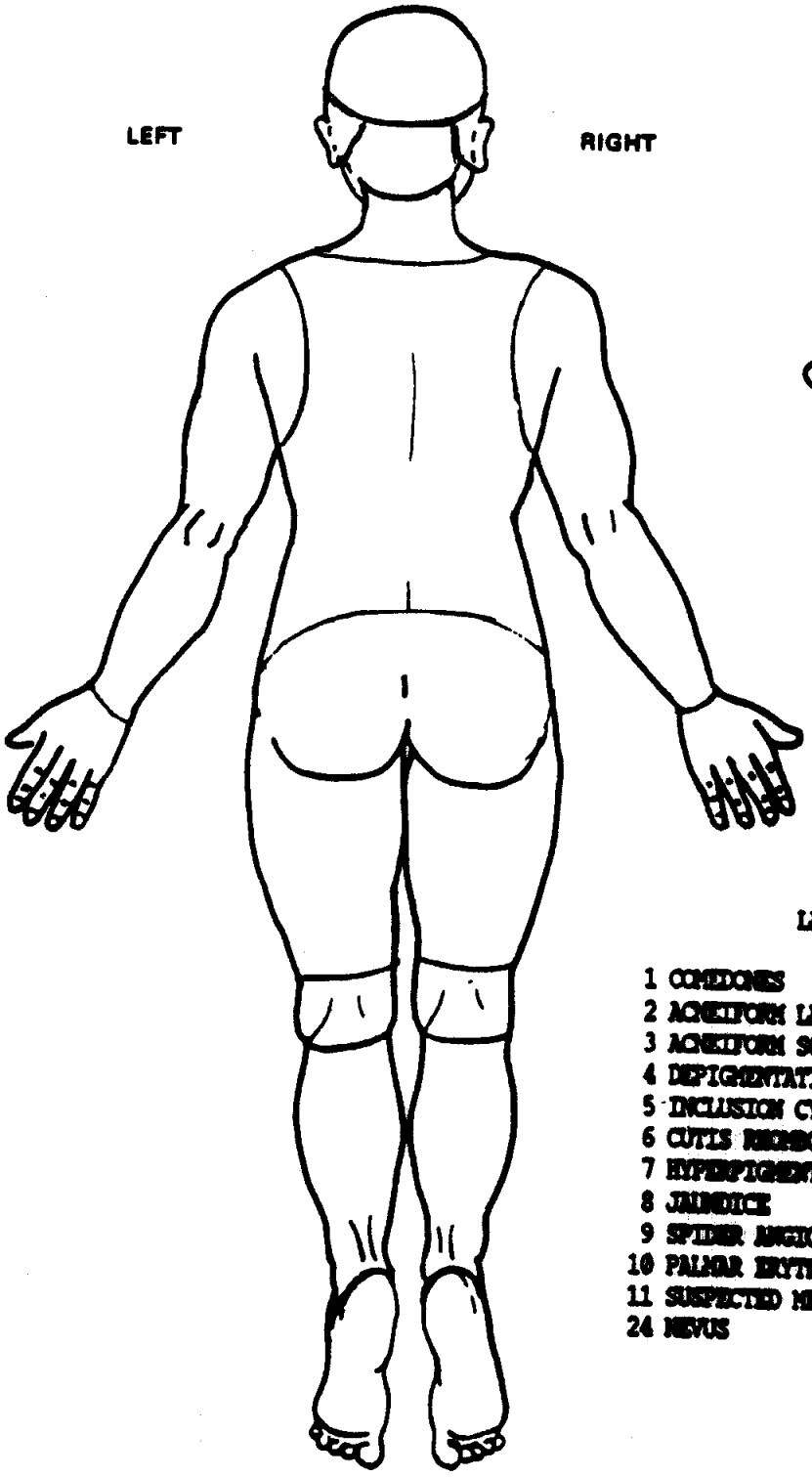
RIGHT LEFT

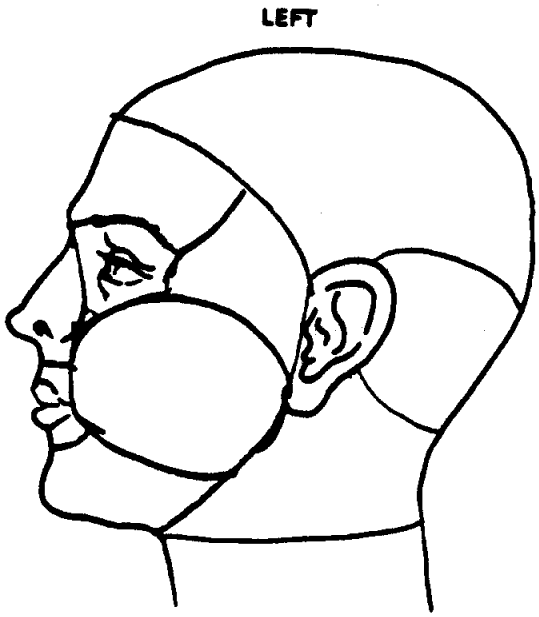


LESION TYPE LEGEND

1 COMEDONES	12 PALMAR KERATOSES
2 ACNEIFORM LESIONS	13 ACTINIC KERATOSES
3 ACNEIFORM SCARS	14 PETECHIAE
4 DEPIGMENTATION	15 ECCHYMOSES
5 INCLUSION CYSTS	16 CONJUNCTIVAL ABNORMALITY
6 CUTIS RHOMBOIDALIS	17 ORAL MUCOSAL ABNORMALITY
7 HYPERPIGMENTATION	18 FINGER NAIL ABNORMALITY
8 JAUNDICE	19 TOE NAIL ABNORMALITY
9 SPIDER ANGIOMATA	20 DERMATOGRAPHIA
10 PALMAR ERYTHEMA	21 SUS. BASAL CELL CARCINOMA
11 SUSPECTED MELANOMA	22 SUS. SQUAMOUS CELL CARCINOMA
24 NEVUS	23 OTHER ABNORMALITY

(OVER)





LESION TYPE LEGEND

1 COMEDONES	12 PALMAR KERATOSES
2 ACNEIFORM LESIONS	13 ACTINIC KERATOSES
3 ACNEIFORM SCARS	14 PETECHIAE
4 DEPIGMENTATION	15 ECCHYMOSES
5 INCLUSION CYSTS	16 CONJUNCTIVAL ABNORMALITY
6 CUTIS RHOMBOIDALIS	17 ORAL MUCOSAL ABNORMALITY
7 HYPERPIGMENTATION	18 FINGER NAIL ABNORMALITY
8 JAUNDICE	19 TOE NAIL ABNORMALITY
9 SPIDER ANGIOMATA	20 DERMATOGRAPHIA
10 PALMAR ERYTHEMA	21 SUS. BASAL CELL CARCINOMA
11 SUSPECTED MELANOMA	22 SUS. SQUAMOUS CELL CARCINOMA
24 NEVUS	23 OTHER ABNORMALITY

PRINTED NAME OF EXAMINING PHYSICIAN	SIGNATURE	DATE

EXAMINER I.D.

ORM AFHS-5 NEUROLOGIC EXAMINATION

YEAR 5 FOLLOW UP

HEAD AND NECK

INSPECTION AND PALPATION

○ NORMAL
○ ABNORMAL

	YES	NO
ASYMMETRY	Y	N
DEPRESSION	Y	N
SCAR	Y	N
OTHER	Y	N

Y N COMMENTS?

NECK RANGE OF MOTION

	NORMAL	DECREASED	CNE
LEFT	○	○	X
RIGHT	○	○	X
FORWARD	○	○	X
BACKWARD	○	○	X

MOTOR SYSTEMS

GAIT

○ NORMAL
○ ABNORMAL
○ COULD NOT EXAMINE

BROAD BASED	Y	N
SMALL STEPPED	Y	N
ATAXIC	Y	N
OTHER	Y	N

Y N COMMENTS?

ARM SWING MOVEMENT

	NORMAL	ABNORMAL	CNE
LEFT	○	○	X
RIGHT	○	○	X

HANDEDNESS

○ LEFT
○ RIGHT
○ BOTH

MUSCLE STATUS

○ NORMAL BULK ○ ABNORMAL

			DECREASED			INCREASED		
	NORMAL	CNE	LEFT	RIGHT	BOTH	LEFT	RIGHT	BOTH
TONE								
UPPER EXTREMITIES	○	X	○	○	○	○	○	○
LOWER EXTREMITIES	○	X	○	○	○	○	○	○
STRENGTH								
DISTAL WRIST EXTENSORS	○	X	○	○	○			
ANKLE/TOE FLEXORS	○	X	○	○	○			
PROXIMAL DELTOIDS	○	X	○	○	○			
HIP FLEXORS	○	X	○	○	○			

ABNORMAL MOVEMENTS

Y N TICS, CHOREAS, FASICULATIONS → 1 2 3 4
Y N TENDERNESS → 1 2 3 4
Y N COMMENTS?

TREMOR(S)

	EXTREMITY: UPPER LEFT	UPPER RIGHT	LOWER LEFT	LOWER RIGHT
NO TREMOR	○	○	○	○
RESTING	○	○	○	○
ESSENTIAL	○	○	○	○
INTENTION	○	○	○	○
OTHER	○	○	○	○

SPEECH

NORMAL	DYSARTHIA	APHASIA	AGNOSIA	OTHER ABNORMALITY
○	○	○	○	○

Y N COMMENTS?

COORDINATION

	NORMAL	ABNORMAL: LEFT	RIGHT	BOTH	CNE
1. EQUILIBRATORY (ROMBERG)	○				X
2. FINGER–NOSE–FINGER	○	○	○	○	X
3. HEEL–KNEE–SHIN	○	○	○	○	X
4. HAND PRONATION/SUPINATION	○	○	○	○	X
5. RAPID PATTING	○	○	○	○	X

DEEP TENDON REFLEXES

(0 = ABSENT, 1 = SLUGGISH, 2 = ACTIVE, 3 = VERY ACTIVE, 4 = TRANSIENT CLONUS, 5 = SUSTAINED CLONUS, X = CNE)

	LEFT						CNE	RIGHT						CNE
BICEPS	0	1	2	3	4	5	X	0	1	2	3	4	5	X
TRICEPS	0	1	2	3	4	5	X	0	1	2	3	4	5	X
PATELLAR	0	1	2	3	4	5	X	0	1	2	3	4	5	X
ACHILLES	0	1	2	3	4	5	X	0	1	2	3	4	5	X
BABINSKI	○ PRESENT			○ ABSENT			X	○ PRESENT			○ ABSENT			X

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CRANIAL NERVES AND MENTAL STATUS

CODES: (X) = COULD NOT EXAMINE. (N) = NO; NOT NORMAL. (Y) = YES, NORMAL
(R) = DEVIATED TO RIGHT SIDE. (L) = DEVIATED TO LEFT SIDE

MENINGEAL IRRITATION AND SENSORY SYSTEM

	NORMAL	-ABNORMAL- LEFT	RIGHT	BOTH	CNE
STRAIGHT LEG RAISING	○	○	○	○	○
LIGHT TOUCH	○	○	○	○	○
PIN PRICK	○	○	○	○	○
VIBRATION AT ANKLE (128 HZ)	○	○	○	○	○
POSITION (GREAT TOE)	○	○	○	○	○

(Y) (N) DESCRIPTION OF ABNORMALITIES

CRANIAL NERVES (I & VII)

LEFT	RIGHT	
(X) (N) (Y)	(X) (N) (Y)	SENSE OF SMELL PRESENT?
(X) (N) (Y)	(X) (N) (Y)	SMILE NORMAL?
(X) (N) (Y)	(X) (N) (Y)	PALPEBRAL FISSURE NORMAL?

(Y) (N) COMMENTS (CI & VII)

CRANIAL NERVE (II)

LEFT	RIGHT	
(X) (N) (Y)	(X) (N) (Y)	FUNDOSCOPIC EXAM NORMAL?
(X) (N) (Y)	(X) (N) (Y)	ABSENCE OF DISK PALLOR/ATROPHY?
(X) (N) (Y)	(X) (N) (Y)	ABSENCE OF EXUDATE?
(X) (N) (Y)	(X) (N) (Y)	ABSENCE OF PAPILLEDEMA?
(X) (N) (Y)	(X) (N) (Y)	ABSENCE OF HEMORRHAGE?

(Y) (N) COMMENTS (CII)

CRANIAL NERVES (III, IV, VI)

LEFT	RIGHT	
(X) (N) (Y)	(X) (N) (Y)	VISUAL FIELDS NORMAL TO CONFRONTATION?
→	(X) (N) (Y) →	PUPILS EQUAL SIZE? DIFFERENCE → (0) (1) (2) (3) (4) mm
(X) (N) (Y)	(X) (N) (Y)	PUPIL SHAPE/POSITION ROUND & NORMAL?
(X) (N) (Y)	(X) (N) (Y)	LIGHT REACTION NORMAL?
(X) (N) (Y)	(X) (N) (Y)	EYE MOVEMENT NORMAL? →
(X) (N) (Y)	(X) (N) (Y)	NO HORIZONTAL NYSTAGMUS
(X) (N) (Y)	(X) (N) (Y)	NO VERTICAL NYSTAGMUS
(X) (N) (Y)	(X) (N) (Y)	NO ROTARY NYSTAGMUS
(X) (N) (Y)	(X) (N) (Y)	EYEBALL POSITION NORMAL? →
(X) (N) (Y)	(X) (N) (Y)	PTOSIS ABSENT?
(X) (N) (Y)	(X) (N) (Y)	CORNEAL REFLEX NORMAL?

DRAW ABNORMAL POSITION(S):

(○ = CONTACT LENSES NOT REMOVED)

*R = DEVIATED TO RIGHT SIDE
L = DEVIATED TO LEFT SIDE
Y = YES NORMAL, NOT DEVIATED

(Y) (N) COMMENTS (CIII, IV, VI)

LEFT	RIGHT	
(X) (N) (Y)	(X) (N) (Y)	TRIGEMINAL V1 SENSORY NORMAL?
(X) (N) (Y)	(X) (N) (Y)	TRIGEMINAL V2 SENSORY NORMAL?
(X) (N) (Y)	(X) (N) (Y)	TRIGEMINAL V3 SENSORY NORMAL?
* →	(R) (L) (Y)	CLENCH JAW SYMMETRIC (NOT DEVIATED)?
→	(R) (L) (N)	PALATE & UVULA MOVEMENT DEVIATED?
(X) (N) (Y)	(X) (N) (Y)	PALATE REFLEX NORMAL?
→	(R) (L) (Y)	TONGUE PROTRUDES TO MIDDLE, NOT DEVIATED?
→	(X) (N) (Y)	TONGUE NORMAL, NOT ATROPHIED?

(Y) (N) COMMENTS (CV, IX, XI, XII)

(Y) (N) MENTAL STATUS GROSSLY ORIENTED & NORMAL?

(Y) (N) COMMENT?

FORM QA AUDIT DONE BY:
(1) (2) (3) (4) (5) (6) INITIALS

IMPRESSION OF ENTIRE NEUROLOGIC EXAM

- ○ COMPLETELY NORMAL EXAM
- ○ NORMAL WITH MINOR VARIATIONS NOTED
- ○ ABNORMAL WITH NO FOLLOW-UP NEEDED
- ○ ABNORMAL WITH FOLLOW-UP RECOMMENDED

DATE: INITIALS:

PRINTED NAME OF EXAMINING PHYSICIAN

(Y) (N) COMMENTS ON FORM 7?

CASE NUMBER	NAME OF PARTICIPANT LAST	FIRST	MI	
C				
CONTINUATION OF FORM AFHS-5	FORM AFHS-7	CONTINUATION		

USE THIS FORM TO RECORD COMMENTS, OBSERVATIONS, OR PHYSICAL FINDINGS FOR WHICH THERE IS INADEQUATE SPACE ON THE OPTICAL MARK SENSE FORMS. PLEASE INDICATE THE ORGAN SYSTEM, IF APPROPRIATE, IN EACH COMMENT BLOCK.

ORGAN SYSTEM:
COMMENTS:

ORGAN SYSTEM:
COMMENTS:

ORGAN SYSTEM:
COMMENTS:

ORGAN SYSTEM:
COMMENTS:

PRINTED NAME OF EXAMINING PHYSICIAN	SIGNATURE	DATE

CASE NUMBER

NAME

DATE OF BIRTH

TODAY'S DATE — MO / DAY / YR

FORM AFHS-B — VIETNAM COMBAT INDEX

INSTRUCTIONS

INSTRUCTIONS ARE INCLUDED WITH EACH QUESTION. BELOW IS AN EXAMPLE OF THE CORRECT WAY TO ANSWER EACH QUESTION.

EXAMPLE: DO YOU PLAN TO DO ANY OF THE FOLLOWING NEXT WEEK? (PLEASE BLACKEN EITHER "YES" OR "NO")

YES	NO	
●	N	VISIT A RELATIVE
Y	●	GO TO A MUSEUM
●	N	GO TO A MOVIE

(I WILL VISIT A RELATIVE AND GO TO A MOVIE NEXT WEEK)

AIRCRAFT

PLEASE INDICATE WHETHER YOU SERVED OR FLEW IN ANY OF THE FOLLOWING AIRCRAFT WHILE IN VIETNAM: (DO NOT INCLUDE TRANSPORTATION TO OR FROM VIETNAM)

WERE YOU EVER A CREW MEMBER?

Y YES N NO

YES	NO		YES	NO		YES	NO	
Y	N	F-4	Y	N	C-7	Y	N	C-130 (GUNSHIP)
Y	N	F-5	Y	N	C-54	Y	N	HELICOPTER GUNSHIP
Y	N	F-105	Y	N	C-118	Y	N	OTHER AIRCRAFT
Y	N	B-52	Y	N	C-123			SPECIFY
Y	N	B-66	Y	N	C-130			

EXPERIENCES

BELOW IS A LIST OF DIFFERENT COMBAT ROLES AND FLYING EXPERIENCES THAT AIR FORCE PERSONNEL HAD DURING THE VIETNAM WAR. FOR EACH STATEMENT, PLEASE BLACKEN THE "YES" CIRCLE IF YOU HAD THAT EXPERIENCE DURING THE VIETNAM WAR OR THE "NO" CIRCLE IF YOU DID NOT. PLEASE BLACKEN EITHER "YES" OR "NO" FOR EACH EXPERIENCE.

YES	NO	
Y	N	RECEIVED COMBAT PAY
Y	N	CRASH LANDED, BAILED OUT, OR SHOT DOWN
Y	N	RECEIVED SNIPER OR SAPPER FIRE IN OR AROUND BASE
Y	N	MOVED KILLED OR WOUNDED PERSONNEL
Y	N	SERVED AS A FORWARD AIR CONTROLLER (FAC)
Y	N	FLEW IN THE SAME AIRCRAFT WHEN FELLOW CREWMEMBER WAS WOUNDED OR KILLED
Y	N	FLEW IN THE SAME FORMATION OR ON THE SAME SORTIE WHEN A FELLOW CREWMEMBER WAS WOUNDED OR KILLED
Y	N	FLEW IN AN AIRCRAFT THAT RECEIVED BATTLE DAMAGE
Y	N	RECEIVED INCOMING ARTILLERY OR ROCKET FIRE AT HOME BASE OR CAMP
Y	N	ENCOUNTERED MINES OR BOOBY TRAPS
Y	N	KILLED VC OR NVA IN STRAFING OR BOMBING RUNS
Y	N	WOUNDED
Y	N	HAD A CLOSE FRIEND KILLED IN ACTION
Y	N	ENGAGED VC OR NVA IN A FIREFIGHT
Y	N	CAPTURED BY THE ENEMY

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DATE OF ECG	MO	DAY	YR

PARTICIPANT IDENTIFICATION

ECG TECHNICIAN (INITIALS)

FORM AFHS - 10 **ELECTROCARDIOGRAM REPORT**

ECG EXAM WAS / IS: ☐ NORMAL ☐ ABNORMAL ☐ REFUSED

FOLLOW-UP RECOMMENDED? ☐ NO ☐ YES

PARTICIPANT COMPLY WITH 4-HOUR ABSTINENCE? ☐ YES ☐ NO COMMENT(S):

12 LEAD SCALAR ELECTROCARDIOGRAM RESULTS

YES	NO	
☐	☐	RBBB
☐	☐	LBBB
☐	☐	NON-SPECIFIC ST-T-WAVE CHANGES
☐	☐	TACHYCARDIA (Rate > 100/min) Rate:____
☐	☐	BRADYCARDIA (Rate < 50/min) Rate:____
☐	☐	WOLFE-PARKINSON WHITE
☐	☐	OTHER:

YES ☐ ARRHYTHMIA? IF YES, NOTE TYPE

- ☐ ATRIAL FLUTTER
- ☐ ATRIAL FIBRILLATION
- ☐ JUNCTIONAL RHYTHM
- ☐ MULTIFOCAL ATRIAL RHYTHM
- ☐ MULTIFOCAL ☐ PVCS ☐ PACS
- ☐ UNIFOCAL ☐ PVCS ☐ PACS

OTHER OBSERVATIONS / VARIATIONS / OR ANOMALIES

OBSERVATION(S):	LEFT	RIGHT	MULTIFOCAL	UNIFOCAL	ATRIAL	VENTRICULAR
☐ AXIS DEVIATION	☐	☐				
☐ ATRIAL ENLARGEMENT	☐	☐				
☐ VENTRICULAR HYPERTROPHY	☐	☐				
☐ VENTRICULAR ANEURYSM						
☐ OTHER:	☐	☐	☐	☐	☐	☐

☐ AV-BLOCK ☐ 1ST DEGREE ☐ 2ND DEGREE ☐ 3RD DEGREE

☐ PRIOR INFARCTION ☐ INFERIOR ☐ ANTERIOR ☐ ANTEROSEPTAL ☐ LATERAL

COMMENTS / RECOMMENDATIONS:

PRINTED NAME OF CARDIOLOGIST	ID# INITIALS DATE	FORM QA AUDIT DONE BY: ID# INITIALS DATE

DATE OF X-RAY	MO	DAY	YR

PARTICIPANT IDENTIFICATION

X-RAY TECHNICIAN (INITIALS)

FORM AFHS - 11

PA CHEST X-RAY EXAMINATION

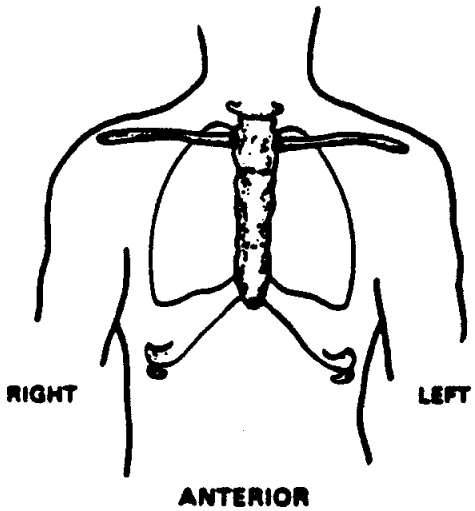
X-RAY EXAM WAS: ☐ NORMAL, NO FINDINGS ☐ NORMAL WITH FINDINGS ☐ ABNORMAL ☐ NEED PRIOR FILM(S)

FILM QUALITY IS: ☐ GOOD ☐ FAIR ☐ SHOULD BE REPEATED ☐ WAS REPEATED & IS NOW OK

NORMAL	ABNORMAL
☐ LUNGS	☐ ↑ INTERSTITIAL MARKINGS ☐ GRANULOMATOUS CHANGES ☐ CALCIFIED DENSITY ☐ INFILTRATE ☐ LESION / NODULE / DENSITY ☐ OTHER: ☐ ACUTE ☐ BENIGN ☐ CHRONIC ☐ SUSPECT
☐ HEART	☐ ENLARGED ☐ OTHER: ☐ LEFT ☐ RIGHT ☐ ATRIAL ☐ VENTRICULAR
☐ PLEURA	☐ THICKENED ☐ OTHER: ☐ LEFT ☐ RIGHT ☐ APEX ☐ BASE
☐ DIAPHRAGMS	☐ ELEVATED ☐ HIATAL HERNIA ☐ OTHER: ☐ LEFT ☐ RIGHT
☐ ARTERIAL VASCULATURE	☐ DILATED / TORTUOUS AORTA ☐ AORTIC ANEURYSM ☐ OTHER: ☐ ASC ☐ DESC ☐ ARCH
☐ VENOUS VASCULATURE	☐ A-V MALFORMATION ☐ PULMONARY VENOUS CONGESTION ☐ OTHER: RIBS
☐ BONEY STRUCTURES	☐ RIBS ☐ SPINE ☐ DEGENERATIVE CHANGES ☐ PRIOR FRACTURES ☐ OTHER: ☐ CERVICAL ☐ SCOLIOSIS ☐ CERVICAL ☐ RIBS ☐ HYPOPLASTIC ☐ KYPHOSIS ☐ DORSAL ☐ CLAVICLE ☐ FUSED 1+ 2+ 3+ 4+ ☐ LUMBAR SPINE ☐ SPINE ☐ STERNUM

☐ POST SURGICAL CHANGES

☐ PRIOR THORACTOMY ☐ PRIOR CARDIAC SURGERY ☐ PACEMAKER ☐ OTHER:



☐ YES ☐ NO ANY FOLLOW-UP RECOMMENDED ?

COMMENTS / RECOMMENDATIONS:

PRINTED NAME OF RADIOLOGIST	ID# INITIALS DATE	FORM QA AUDIT DONE BY ID# INITIALS DATE

PARTICIPANT IDENTIFICATION

FORM AFHS - 12 **DELAYED SKIN TESTS**

ANTIGEN ADMINISTRATION:Date _____ Military Time:_____ By Initials:_____ ID#:_____

ANTIGENS TESTED		48-HOUR READINGS I = INDURATION E = ERYTHEMA (Measured as L x W in mm)	COMMENTS:
MUMPS (2 CFU) (0.05 ml)	I	X	
	E	X	
STAPH-PHAGE-LYSATE (0.05 ml) (Staph = 6.0 to 9x10^{8} CPU) (Phage = 0.5 to 5x10^{7} PFU)	I	X	COMMENTS:
	E	X	
CANDIDA ALBICANS (1:1000 W/V) (0.1 ml)	I	X	COMMENTS:
	E	X	
TRICHOPHYTON (1:1000 W/V) (0.1 ml)	I	X	COMMENTS:
	E	X	

SKIN TESTS READ BY : _____ READ AT : _____
ID# INITIALS MILITARY TIME

YES NO
☐ ☐ Is Participant taking SYSTEMIC CORTICOSTEROIDS or IMMUNOSUPPRESSANTS ?
SPECIFY NON-COMPLIANCE AND/OR MEDICATION(S), DOSAGE(S) & FUNCTION(S) BELOW:

INTERPRETATION

☐ NORMAL DELAYED CUTANEOUS HYPERSENSITIVITY
☐ POSSIBLY ABNORMAL CUTANEOUS HYPERSENSITIVITY
☐ REFUSED EXAMINATION

☐ FOLLOW-UP EXAMS RECOMMENDED ?: COMMENTS OR RECOMMENDATIONS:

PRINTED NAME OF ALLERGIST	ID# INITIALS DATE	FORM QA AUDIT DONE BY ID# INITIALS DATE

PARTICIPANT LABEL	CASE NUMBER	GROUP NUMBER
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	EXAMINER ID
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

FORM AFHS-20 AUDIOLOGY

YEAR 5 FOLLOW UP

AUDIOMETER: MAICO 40 ANSI 1969 888 = NO RESPONSE 999 = NOT TESTED

PURE TONE AUDIOMETRY RESULTS

FREQUENCY IN HERTZ

LEFT EAR								HZ	RIGHT EAR							
250	500	1000	2000	3000	4000	6000	8000		250	500	1000	2000	3000	4000	6000	8000
								DB								
0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0	0 0		0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0	0 0
1	1 1	1 1	1 1	1 1	1 1	1	1		1	1 1	1 1	1 1	1 1	1 1	1	1
2	2	2	2	2	2	2	2		2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3		3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4		4	4	4	4	4	4	4	4
5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5		5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5
6	6	6	6	6	6	6	6		6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7		7	7	7	7	7	7	7	7
8 8	8 8 8	8 8 8	8 8 8	8 8 8	8 8 8	8 8	8 8		8 8	8 8 8	8 8 8	8 8 8	8 8 8	8 8 8	8 8	8 8
9 9	9 9 9	9 9 9	9 9 9	9 9 9	9 9 9	9 9	9 9		9 9	9 9 9	9 9 9	9 9 9	9 9 9	9 9 9	9 9	9 9

RELIABILITY:
- ○ GOOD
- ○ FAIR
- ○ QUESTIONABLE
- ○ REFUSED TEST

HEARING AID USE:
- ○ NONE
- ○ LEFT EAR
- ○ RIGHT EAR
- ○ BOTH EARS

TINNITUS:

NONE	L	R	B
MILD	L	R	B
MODERATE	L	R	B
SEVERE	L	R	B

Y N COMMENTS?

INTERPRETATION

HEARING ABILITY	LOW FREQUENCIES (250 HZ to 500 HZ)		MID FREQUENCIES (1000 HZ to 2000 HZ)		HIGH FREQUENCIES (3000 HZ to 8000 HZ)	
	AS	AD	AS	AD	AS	AD
NORMAL LOSS (0–25 Db)	○	○	○	○	○	○
MILD LOSS (30–40 Db)	○	○	○	○	○	○
MODERATE LOSS (45–60 Db)	○	○	○	○	○	○
SEVERE LOSS (65–85 Db)	○	○	○	○	○	○
PROFOUND LOSS (90–110+ Db)	○	○	○	○	○	○
COULD NOT EXAMINE	X	X	X	X	X	X
	LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT

SUMMARY AND RECOMMENDATIONS

- ○ NORMAL HEARING BILATERALLY
- ○ ABNORMAL FINDINGS
- ○ REFUSED EXAM

YES	NO	
Y	N	ADDITIONAL TESTS RECOMMENDED?
Y	N	CONSIDER HEARING AID CONSULTATION AND/OR TRIAL?

Y N RECOMMENDATIONS OR OTHER COMMENTS?

PRINTED NAME OF AUDIOLOGIST	INITIALS: / DATE:	FORM QA AUDIT DONE BY: ID = 1 2 3 4 5 6 INITIALS: DATE:

PARTICIPANT LABEL	CASE NUMBER	GROUP NUMBER
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
		EXAMINER I.D.
		0 1 2 3 4 5 6 7 8 9

FORM AFHS-21 TITMUS VISION SCREEN & TONOMETRY

YEAR 5 FOLLOW UP

FAR VISION TESTS (20 FEET)

○ NORMAL
○ ABNORMAL

		TARGET:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	NOT TESTED
		SNELLEN EQUIVALENTS	20/200	20/100	20/70	20/50	20/40	20/35	20/30	20/25	20/22	20/20	20/18	20/17	20/15	20/13	
LEFT	CORRECTED	_____	○	○	○	○	○	○	○	○	○	○	○	○	○	○	⊗
RIGHT	CORRECTED	_____	○	○	○	○	○	○	○	○	○	○	○	○	○	○	⊗
LEFT	UNCORRECTED	_____	○	○	○	○	○	○	○	○	○	○	○	○	○	○	⊗
RIGHT	UNCORRECTED	_____	○	○	○	○	○	○	○	○	○	○	○	○	○	○	⊗

STEREO DEPTH PERCEPTION

○ NORMAL
○ ABNORMAL

STEREO DEPTH (SHEPARD-FRY %) _____	1	2	3	4	5	6	7	8	9	NOT TESTED
	15%	30%	50%	60%	70%	80%	85%	90%	95%	
	○	○	○	○	○	○	○	○	○	⊗

COLOR VISION (STANDARD ISHIHARA PLATES)

○ NORMAL (4–6 CORRECT)
○ PARTIALLY COLOR BLIND
○ COLOR BLIND (ONLY 1 CORRECT)

A	B	C	D	E	F	NOT TESTED
12	5	26	6	16	0	
○	○	○	○	○	○	⊗

VERTICAL STEREO FOCUS

HYPERPHORIA?

NONE	LEFT	RT	BOTH	CNE
○	○	○	○	⊗

PRISM DIOPTERS:	1	2	3	4	5	6	7	NOT TESTED
	1½	1	½	*	½	1	1½	
	○	○	○	○	○	○	○	⊗

LATERAL STEREO FOCUS

○ NORMAL
○ ESOPHORIA
○ EXOPHORIA

	ESOPHORIA								EXOPHORIA							
PRISM DIOPTERS:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	NOT TESTED
	7	6	5	4	3	2	1	*	1	2	3	4	5	6	7	
	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	⊗

NEAR VISION TESTS (14 INCHES)

○ NORMAL
○ ABNORMAL

		TARGET:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	NOT TESTED
		SNELLEN EQUIVALENTS	20/200	20/100	20/70	20/50	20/40	20/35	20/30	20/25	20/22	20/20	20/18	20/17	20/15	20/13	
LEFT	CORRECTED	_____	○	○	○	○	○	○	○	○	○	○	○	○	○	○	⊗
RIGHT	CORRECTED	_____	○	○	○	○	○	○	○	○	○	○	○	○	○	○	⊗
LEFT	UNCORRECTED	_____	○	○	○	○	○	○	○	○	○	○	○	○	○	○	⊗
RIGHT	UNCORRECTED	_____	○	○	○	○	○	○	○	○	○	○	○	○	○	○	⊗

TONOMETRY (NON CONTACT TONOMETER)

	NORMAL	ABNORMAL	NOT TESTED	PRESSURE MM HG	LEFT EYE	RIGHT EYE
LEFT	○	○	⊗		0 1 2 3 4	0 1 2 3 4
RIGHT	○	○	⊗		0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

Ⓨ Ⓝ ADDITIONAL TESTS RECOMMENDED?

Ⓨ Ⓝ COMMENTS?

FORM QA AUDIT BY:
① ② ③ ④ ⑤ ⑥ INITIALS:

NCS Trans-Optic EP01-24874:321 A9114

PARTICIPANT IDENTIFICATION

FORM AFHS - 22 **HEMOCCULT AND PROCTOSCOPIC EXAM**

PART 1 PARTICIPANTS, PLEASE RECORD THE DATE OF EACH STOOL SAMPLED AND DESCRIBE ANY ALTERATIONS FROM THE HEMOCCULT DIET. THE CLINIC WILL COMPLETE PARTS 2 + 3.

	PACKET 1	PACKET 2	PACKET 3
DATE OF SMEAR :	_____	_____	_____
COMPLY WITH DIET ?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
COMMENTS :			

PART 2 SKD HEMOCCULT II SLIDE SAMPLE KIT EXAMINATION RESULTS
(TO BE COMPLETED BY BY THE CLINIC)

RESULTS : ☐ ☐ ☐

("+" = Positive, "-" = No Reaction or Negative, "x" = No Sample Provided)

HEMOCCULT EXAM WAS :

☐ COMPLETE (ALL 3 PACKETS)
☐ INCOMPLETE (< 3 PACKETS)
☐ SAMPLED AT RECTAL EXAM (0 PACKETS)
☐ ALL NEGATIVE
☐ AT LEAST 1 POSITIVE

PART 3 PROCTOSCOPIC EXAMINATION WAS :

☐ NOT INDICATED ☐ PERFORMED BY_____ ON __/__/__ AT:_____
☐ REFUSED ☐ REFERRED TO HOME DOCTOR FOR CONFIRMING HEMOCCULT TEST

RESULTS FOR TESTS WHICH WERE PERFORMED, INDICATED THE EXAM WAS:

☐ NORMAL (NO NOTEWORTHY VARIATIONS OR ABNORMALITIES OBSERVED)
☐ ABNORMAL (NO IMMEDIATE ACTION NEEDED, REPEAT EXAM IN _____ MONTHS)
☐ ABNORMAL (REQUIRES FURTHER TESTING OR IMMEDIATE ACTION)

PROCTOSIGMOIDOSCOPY DISTANCE EXAMINED_____CM

YES		SEVERITY 1+	2+	3+	4+
☐	perianal area abnormal				
☐	external hemorroids				
☐	sphincter tone				
☐	prostate abnormal				
☐	papillae abnormal				
☐	internal hemorroids				
☐	mucosa abnormal				
☐	polyps				
☐	spasm				

COMMENTS:

PRINTED NAME OF GASTERINTOEROLOGIST	ID# INITIALS DATE	FORM QA AUDIT DONE BY ID# INITIALS DATE

DATE OF DIAGNOSIS	MO	DAY	YR
OUTBRIEFING CONDUCTED		YES	NO

PARTICIPANT IDENTIFICATION

FORM AFHS - 16A **DIAGNOSTIC SUMMARY (MEDICAL)**

CHECK ONE

ICD-9-CM CODE	PRE-EXISTING	NEWLY DIAGNOSED	DIAGNOSIS BASED ON PHYSICAL EXAMS, ECG, HEMOCCULT, CHEST X-RAY, SKIN TESTS, AND LABORATORY STUDIES
	AUDIOMETRY		
	SPIROMETRY		
	VISION SCREEN		
	TONOMETRY		

COMMENTS:

PRINTED NAME OF DIAGNOSTICIAN	ID# INITIALS DATE	FORM QA AUDIT DONE BY: ID# INITIALS DATE

DATE OF DIAGNOSIS	MO	DAY	YR
OUTBRIEFING CONDUCTED		YES	NO

PARTICIPANT IDENTIFICATION

FORM AFHS - 16B DIAGNOSTIC SUMMARY (PSYCHOMETRIC)

CHECK ONE

ICD-9-CM CODE	PRE-EXISTING	NEWLY DIAGNOSED	DIAGNOSIS BASED ON PSYCHOLOGICAL TESTING: MILLON, SCLR90

COMMENTS:

PRINTED NAME OF DIAGNOSTICIAN	ID# INITIALS DATE	FORM QA AUDIT DONE BY: ID# INITIALS DATE